| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF FLORIDA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if amended |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: Identify Yourself | | | |
|---|---|--|--|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | | | |
| Write the name that is on | Carl | | Nicole |
| your government-issued picture identification (for example, your driver's | First name | | First name |
| | | | Nannete |
| license or passport). | Middle name | | Middle name |
| Bring your picture | Crasso. Jr. | | Crasso |
| | Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III) |
| Ü | | | |
| All other names you have used in the last 8 years | | | |
| Include your married or maiden names. | | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6982 | | xxx-xx-3036 |
| | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Crasso, Jr. Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Carl First name Crasso, Jr. Last name and Suffix (Sr., Jr., II, III) | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Crasso, Jr. Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Carl First name Crasso, Jr. Last name and Suffix (Sr., Jr., II, III) |

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Debtor 1 Carl Crasso, Jr. **Nicole Nannete Crasso** Debtor 2 Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 6340 Arbor Avenue Port Saint John, FL 32927 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Brevard** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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| | otor 1 otor 2 | Carl Crasso, Jr. Nicole Nannete Cr | asso | | | | Case number (if known) | | | |
|-----------------------------|------------------|---|--|--------------|---|--|--|---------|--|--|
| | | | | | | | | | | |
| Par | t 2: | Tell the Court About \ | our Banl | kruptcy C | ase | | | | | |
| 7. | Bank | chapter of the cruptcy Code you are sing to file under | | | | each, see <i>Notice Required by</i> ge 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankrupt e box. | cy | | |
| | CHOO | sing to me under | ■ Chap | oter 7 | | | | | | |
| | | | ☐ Chap | ☐ Chapter 11 | | | | | | |
| | | | ☐ Chap | ter 12 | | | | | | |
| | | | ☐ Chap | oter 13 | | | | | | |
| | | | | | | | | | | |
| 8. How you will pay the fee | | | ■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | | |
| | | | □ In | eed to pa | y the fee in install ee in Installments (C | ments. If you choose this option | on, sign and attach the Application for Individuals to I | ⊃ay | | |
| | | | □ Ir | equest that | at my fee be waive | ed (You may request this option refee, and may do so only if you | n only if you are filing for Chapter 7. By law, a judge our income is less than 150% of the official poverty lir | ne that | | |
| | | | | | | | n installments). If you choose this option, you must fil cial Form 103B) and file it with your petition. | l out | | |
| 9. | | Have you filed for | | | | | | | | |
| | | ruptcy within the 3 years? | ■ No. □ Yes. | | | | | | | |
| | | , | — 103. | District | | When | Case number | | | |
| | | | | District | | When | Case number | | | |
| | | | | District | | When | Case number | | | |
| | | | | | | | | | | |
| 10. | case filed | nny bankruptcy s pending or being by a spouse who is | ■ No □ Yes. | | | | | | | |
| | you, | iling this case with or by a business ner, or by an ate? | | | | | | | | |
| | | | | Debtor | | | Relationship to you | | | |
| | | | | District | | When | Case number, if known | | | |
| | | | | Debtor | | | Relationship to you | | | |
| | | | | District | | When | Case number, if known | | | |
| 11. | | ou rent your | ■ No. | Go to | line 12. | | | | | |
| | resid | lence? | ☐ Yes. | Has vo | our landlord obtaine | ed an eviction judgment agains | st you? | | | |
| | | | – 165. | | No. Go to line 12. | a de la companya de l | | | | |
| | | | | | | Statement About an Eviction | Judgment Against You (Form 101A) and file it as par | t of | | |
| | | | | J | this bankruptcy pe | | ganot ros (om romy and mont do par | | | |
| | | | | | | | | | | |

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| | | Carl Crasso, Jr. Nicole Nannete Cr | asso | | Case number (if known) | | |
|---|--|--|--------------------------------------|--|---|--|--|
| | | | | | | | |
| Part | 3: F | Report About Any Bu | sinesses ` | You Own as a Sole Proprie | tor | | |
| 12. Are you a sole proprietor of any full- or part-time business? | | | □ No. | □ No. Go to Part 4. | | | |
| | busiii | 633 : | Yes. | Name and location of bus | siness | | |
| | busine an ind separa as a c | proprietorship is a ess you operate as lividual, and is not a ate legal entity such orporation, ership, or LLC. | | Guardian Paratransit Name of business, if any | Svc | | |
| | If you | have more than one | | 6340 Arbor Avenue Cocoa, FL 32927 | | | |
| | separa | roprietorship, use a ate sheet and attach is petition. | | Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | | | |
| 13. | Chapt Bankı | small business | deadlines operation in 11 U.S. | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, s tions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the J.S.C. 1116(1)(B). | | | |
| | For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | | ■ No. | I am not filing under Chap I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | t 4: F | Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | | |
| 14. | prope allege of imr identi | erty that poses or is ed to pose a threat minent and fiable hazard to | ■ No. | What is the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | If immediate attention is needed, why is it needed? | | | |
| | perish livesto or a b | kample, do you own nable goods, or ock that must be fed, uilding that needs t repairs? | | Where is the property? | | | |
| | - | | | | Number, Street, City, State & Zip Code | | |

| Debtor 1 | Carl Crasso, Jr. | |
|----------|-----------------------|------------------------|
| Debtor 2 | Nicole Nannete Crasso | Case number (if known) |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb Deb | tor 1 Carl Crasso, Jr. tor 2 Nicole Nannete Cr | asso | | | Case nu | umber (if known) | | |
|------------|--|--|--|---|---|------------------------|---|--|
| Part | 6: Answer These Questi | ons for Rep | porting Purposes | | | | | |
| | What kind of debts do you have? | 16a. <i>I</i> | Are your debts primarily consundividual primarily for a personal, | | | e defined in 11 U.S.C. | § 101(8) as "incurred by an | |
| | | I | ☐ No. Go to line 16b. | | | | | |
| | | ı | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | I | ☐ No. Go to line 16c. | | | | | |
| | | I | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. S | State the type of debts you owe th | nat are not consui | mer debts or bu | siness debts | | |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter 7. G | ng under Chapter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. Do yo are paid that funds will be availab | | | | and administrative expenses | |
| | administrative expenses are paid that funds will | ı | No | | | | | |
| | be available for distribution to unsecured creditors? | Ī | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | 1 | □ 25,001- | 50,000 | |
| | | □ 50-99 | | ☐ 5001-10,000 | | □ 50,001- | | |
| | □ 100-199 □ 200-999 | | | 10,001-25,0 | 100 | ☐ More th | an100,000 | |
| 19. | How much do you | \$ 0 - \$50 | 0,000 | □ \$1,000,001 | | □ \$500,00 | 00,001 - \$1 billion | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | |
| | | | 01 - \$500,000 01 - \$1 million | | 1 - \$100 million 11 - \$500 million | | ☐ More than \$50 billion | |
| 20. | How much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 | - \$10 million | □ \$500,00 | 00,001 - \$1 billion | |
| | estimate your liabilities to be? | □ \$50,001 - \$100,000 □ | | □ \$10,000,001 - \$50 million | | | ,000,001 - \$10 billion | |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | | | 0,000,001 - \$50 billion nan \$50 billion | |
| | | | *************************************** | | | | | |
| Part - | | | | | | | | |
| For | you | | mined this petition, and I declare | . , , | • | · | | |
| | | | osen to file under Chapter 7, I an tes Code. I understand the relief | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | nelp me fill out this | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | ion. | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, and 3571. | | | | | | |
| | | /s/ Carl C | rasso, Jr. | | | annete Crasso | | |
| | | Carl Cras Signature | , | | Nicole Nann Signature of D | | | |
| | | Executed of | September 10, 2018 MM / DD / YYYY | | Executed on | September 10, 20 | 018 | |

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| Debtor 1 Debtor 2 Carl Crasso, Jr. Nicole Nannete C | rasso | Case number (if known) | | | |
|---|---|------------------------|--|--|--|
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, decunder Chapter 7, 11, 12, or 13 of title 11, United States C for which the person is eligible. I also certify that I have continuous control of the control | ode, and have e | xplained the relief available under each chapter | | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, certify tha schedules filed with the petition is incorrect. | | ledge after an inquiry that the information in the | | |
| | /s/ Hurley Partin Whitaker Signature of Attorney for Debtor | _ Date | September 10, 2018 MM / DD / YYYY | | |
| | Hurley Partin Whitaker | | | | |
| | WHITAKER LAW, P.A. Firm name | | | | |
| | 700 N. Wickham Road Suite 205 Melbourne, FL 32935 | | | | |
| | Number, Street, City, State & ZIP Code Contact phone 321-254-3399 | Email address | hpw@whitakerlaw.com | | |
| | 369969 FL Bar number & State | | | | |

| Fill | in this information to identify your case: | | |
|--|---|--|--|
| | otor 1 Carl Crasso, Jr. | | |
| | First Name Middle Name Last Name | | |
| | otor 2 Nicole Nannete Crasso First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | | |
| | | | |
| | se numberown) | □ C | heck if this is an |
| | | ar | mended filing |
| | | | |
| | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible for | or sunr | 12/15 |
| info | rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend | | |
| | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | |
| | | | ur assets ue of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | · · · · · · · · · · · · · · · · · · · |
| ١. | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,444.79 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 5,444.79 |
| Par | t 2: Summarize Your Liabilities | • | |
| | | | |
| | | Va | ur liabilitiaa |
| | | | ur liabilities ount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | Am | ount you owe |
| 2. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | | |
| 2. | | Am | ount you owe |
| | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | Am \$ | 104,364.00 12,709.62 |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ \$ | 104,364.00 |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ \$ \$ | 104,364.00 12,709.62 |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim</i>, at the bottom of the last page of Part 1 of <i>Schedule D</i> <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ \$ \$ | 104,364.00 12,709.62 30,432.88 |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ \$ \$ | 104,364.00 12,709.62 30,432.88 |
| 3. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 |
| 3. Par 4. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ | 104,364.00 12,709.62 30,432.88 |
| 3. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 |
| 3. Par 4. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 |
| 3. Par 4. 5. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 |
| 3.Par4.5.Par | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 2,662.94 2,417.09 |
| 3.Par4.5.Par | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 2,662.94 2,417.09 |
| 3.Par4.5.Par | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ \$ \$ | 104,364.00 12,709.62 30,432.88 147,506.50 2,662.94 2,417.09 |
| 3. Par 4. 5. Par 6. | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ \$ \$ \$ ur othe | 104,364.00 12,709.62 30,432.88 147,506.50 2,662.94 2,417.09 |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

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| ו וטוטט | Cari Crasso, Jr. | |
|----------|-----------------------|------------------------|
| Debtor 2 | Nicole Nannete Crasso | Case number (if known) |
| | | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,662.94

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 12,709.62 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 12,709.62 |

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| | Odoc | , 0.10 BK (| 00020 1.00 B00 I 1 lied 03/10/10 | 7 1 age 10 01 00 | |
|---------------------------------------|-----------------------------|------------------|--|---|--|
| Fill in th | is information to ident | ify your case a | and this filing: | | |
| Debtor 1 | Carl Crass | so. Jr. | | | |
| | First Name | , | Middle Name Last Name | | |
| Debtor 2 | 1110010 114 | nnete Crasso | - | | |
| (Spouse, if | filing) First Name | | Middle Name Last Name | | |
| United S | states Bankruptcy Court | for the: MIDE | DLE DISTRICT OF FLORIDA | | |
| Case nu | mher | | | | Object of the con- |
| Case nu | | | | | ☐ Check if this is an amended filing |
| | | | | | , and the second |
| Ott:~: | ol Form 106A | /D | | | |
| | al Form 106A | | | | |
| Sche | edule A/B: F | Propert 2 | У | | 12/15 |
| n each ca | tegory, separately list and | d describe items | s. List an asset only once. If an asset fits in more than or | ne category, list the asset in | the category where you |
| | | | possible. If two married people are filing together, both a grate sheet to this form. On the top of any additional page | | |
| | very question. | и, апасп а ѕера | rrate sheet to this form. On the top of any additional page | ss, write your flame and case | number (ii known). |
| Dort 1 | Dagarika Egab Bagidanaa | Duilding Land | or Other Beel Fetete Voy Over or Here on Interest In | | |
| Part 1: | Describe Each Residence | , Building, Land | , or Other Real Estate You Own or Have an Interest In | | |
| 1. Do you | own or have any legal or | equitable intere | est in any residence, building, land, or similar property? | | |
| . | Go to Part 2. | | | | |
| _ | | | | | |
| ☐ Yes | . Where is the property? | | | | |
| Part 2: | Describe Your Vehicles | | | | |
| | | | | | |
| | | | interest in any vehicles, whether they are registe | | hicles you own that |
| someone | else drives. If you lease | a venicie, aisc | o report it on Schedule G: Executory Contracts and U. | nexpirea Leases. | |
| 3. Cars, | vans, trucks, tractors, | sport utility ve | ehicles, motorcycles | | |
| □ No | | | | | |
| | | | | | |
| Yes | 3 | | | | |
| | | | | Do not deduct secured cla | nime or exemptions. But |
| 3.1 M | ake: Ford | | Who has an interest in the property? Check one | the amount of any secure | |
| M | odel: F250 | | Debtor 1 only | Creditors Who Have Clair | ns Secured by Property. |
| | ear: 1999 | | Debtor 2 only | Current value of the | Current value of the |
| | pproximate mileage: | 552,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | ther information: | 2005 | ☐ At least one of the debtors and another | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | IN#FTNS24LXXHA63 | 3005 | ☐ Check if this is community property | \$1,500.00 | \$1,500.00 |
| | | | (see instructions) | | |
| | | | | | |
| 3.2 M | ake: Ford | | Who has an interest in the property? Check one | Do not deduct secured cla the amount of any secure | |
| М | odel: F350 | | ■ Debtor 1 only | Creditors Who Have Clair | |
| Y | ear: 1998 | | Debtor 2 only | Current value of the | Current value of the |
| Α | pproximate mileage: | 345,000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| _0 | ther information: | | ☐ At least one of the debtors and another | | |
| ٧ | IN# 1FTSS34L8WHA | 04946 | | \$1,000.00 | 64 000 00 |
| | | | Check if this is community property (see instructions) | φι,υυυ.υυ | \$1,000.00 |
| | | | (SOO IIIOH GOHOTO) | | |

Official Form 106A/B Schedule A/B: Property page 1

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| Debto Debto | | arl Crasso, Jr. icole Nannete Crasso | Ca | ase number (if known) | |
|----------------|-----------------|---|--|--|---|
| 3.3 | Make: Model: | Buick Regal | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | Year: | 1999 | Debtor 2 only | | , , , |
| | | nate mileage: | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | onino proporty : | portion you out |
| | | 34WBS2K3X1491464 | At least one of the deptors and another | | |
| | | | Check if this is community property (see instructions) | \$1,000.00 | \$1,000.00 |
| | <i>mples:</i> B | | Vs and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a | | |
| | | | | | |
| 4.1 | Make: | Delcraft | Who has an interest in the property? Check one | | laims or exemptions. Put |
| | Model: | 14' aluminum | Debtor 1 only | | ed claims on Schedule D: ims Secured by Property. |
| | Year: | 1966 | Debtor 2 only | Croakere Whe have the | ine decarda by Freporty. |
| | | | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | entire property: | portion you own: |
| | Other IIII | offilation. | ☐ Check if this is community property | \$300.00 | \$300.00 |
| | VIN# F | LZW1119F766 | (see instructions) | | |
| | | , | ole interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | amples: I | goods and furnishings Major appliances, furniture, li | inens, china, kitchenware | | |
| | Yes. De | scribe | | | |
| | | Miscellane | ous items of household goods and used furnitu | ire | \$500.0 |
| Ex | No | | o, video, stereo, and digital equipment; computers, printe as, media players, games | rs, scanners; music collecti | ons; electronic devices |
| | | TV, DVD pla | ayer, cell phones | | \$250.0 |
| Ex | amples: i | s of value Antiques and figurines; paint other collections, memorabil | ings, prints, or other artwork; books, pictures, or other art ia, collectibles | t objects; stamp, coin, or ba | seball card collections; |
| | | scribe | | | |
| Ex | amples: \$ | for sports and hobbies Sports, photographic, exercis | | | |
| | | musical instruments | se, and other hobby equipment; bicycles, pool tables, gol | if clubs, skis; canoes and ka | ayaks; carpentry tools; |
| | No | scribe | se, and other hobby equipment; bicycles, pool tables, gol | f clubs, skis; canoes and ka | ayaks; carpentry tools; |

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| | ebtor 1 ebtor 2 | Carl Crasso Nicole Nann | | sso | | | Case numbe | er (if known) | |
|-----|--------------------|---|------------|---------------------|---------------|--|------------------------|----------------|---|
| | | | - | | | | | · / _ | |
| 10. | Firearm Examp No | | s, shotgur | s, ammunition, a | and related | equipment | | | |
| | | Describe | | | | | | | |
| 11. | □ No | | othes, fur | s, leather coats, o | designer we | ear, shoes, accessories | | | |
| | _ 100. | D00011D0 | | | | | | \neg | ^- |
| | | | miscel | laneous cloth | ing | | | | \$50.00 |
| 12. | □ No | | welry, cos | tume jewelry, en | gagement | rings, wedding rings, he | eirloom jewelry, watch | es, gems, gold | d, silver |
| | | | Miscel | laneous items | of jewel | ry, wedding band | | | \$350.00 |
| 13. | Examp ■ No | rm animals bles: Dogs, cats, Describe | birds, hor | ses | | | | | |
| | ■ No | ner personal an | | - | lid not alre | eady list, including any | / health aids you did | not list | |
| 15 | | | | | | cluding any entries fo | | tached | \$1,150.00 |
| Pa | rt 4: Des | scribe Your Finan | cial Asset | 5 | | | | | |
| Do | o you ow | n or have any l | egal or e | quitable interest | t in any of | the following? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | - | our wallet, in your | | a safe deposit box, and o | on hand when you file | your petition | |
| | | | | | | | Cash | | \$200.00 |
| 17. | Examp □ No | | | | ınts with the | ertificates of deposit; sha e same institution, list ea nstitution name: | | brokerage hou | uses, and other similar |
| | | | 17.1. | Checking | | SunTrust #4544 | | | \$100.00 |
| | | | 17.2. | Savings | ı | Launch FCU | | | \$5.00 |
| | | | | 9 | _ | | | | |

Official Form 106A/B Schedule A/B: Property page 3

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| | ebtor 1 ebtor 2 | Carl Cras | so, Jr. Innete Crasso | | C | ase number <i>(i</i> | if known) | |
|-----|------------------------|------------------------------------|--|---|-------------------------|----------------------|-------------|--|
| 18. | Bonds Examp | s, mutual fund ples: Bond fur | ds, or publicly traded stocked stocked in the stocked in | s n brokerage firms, money | market accounts | | | |
| | | | Institution or issu | uer name: | | | | |
| 19. | | ublicly traded enture | d stock and interests in inco | orporated and unincorp | orated businesses, | including an | interest ir | n an LLC, partnership, and |
| | Yes. | Give specific | c information about them Name of entity: | | Ç | % of ownershi | p: | |
| | | | | Guardian Paratransit hicles owned by deb account. | | 100% | % | \$189.79 |
| 20. | Negot Non-n ■ No | tiable instrume negotiable inst | orporate bonds and other nearts include personal checks, ruments are those you canno information about them Issuer name: | cashiers' checks, promis | sory notes, and mon | | | |
| 21. | Exam _l ■ No | ples: Interests | sion accounts in IRA, ERISA, Keogh, 401(k | k), 403(b), thrift savings a | ccounts, or other per | nsion or profit- | sharing pla | ns |
| | ⊔ Yes. | List each acc | ount separately. Type of account: | Institution nam | e: | | | |
| 22. | Your s | share of all un | and prepayments used deposits you have made ents with landlords, prepaid re | | | | companies | s, or others |
| | ■ No □ Yes. | | | Institution nam | e or individual: | | | |
| 23. | ■ No | ` | ct for a periodic payment of m | | e or for a number of y | /ears) | | |
| | ☐ Yes | | Issuer name and description | n. | | | | |
| 24. | | | eation IRA, in an account in 1), 529A(b), and 529(b)(1). | a qualified ABLE progra | am, or under a qual | ified state tu | ition progr | am. |
| | ☐ Yes | | Institution name and descrip | ption. Separately file the r | ecords of any interes | sts.11 U.S.C. | § 521(c): | |
| | ■ No | - | r future interests in property | y (other than anything li | sted in line 1), and | rights or pov | vers exerc | sable for your benefit |
| | | | information about them | | | | | |
| 26. | | | s, trademarks, trade secrets domain names, websites, pro | | | S | | |
| | ☐ Yes. | Give specific | information about them | | | | | |
| 27. | | | es, and other general intang permits, exclusive licenses, c | | oldings, liquor license | es, profession | al licenses | |
| | _ | Give specific | c information about them | | | | | |
| M | oney or | property ow | ed to you? | | | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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| | btor 1 btor 2 | | arl Crasso cole Nan | o, Jr. nete Crasso | | | Case number (if known) | |
|-----|------------------|----------|---------------------------------|--------------------------|--|----------------------------|---|----------------------------|
| 28. | Tax re | efund | s owed to | you | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes | . Give | specific in | formation about | them, including whe | ther you already filed th | e returns and the tax years | |
| | ■ No | nples: | Past due o | • | ony, spousal suppor | t, child support, mainter | nance, divorce settlement, property | v settlement |
| | ☐ Yes | . Give | specific in | formation | | | | |
| 30. | | nples: | Unpaid wa | | surance payments, o made to someone e | | pay, vacation pay, workers' compe | nsation, Social Security |
| | ☐ Yes | . Give | e specific ir | nformation | | | | |
| 31. | | | insurance Health, dis | | urance; health savin | gs account (HSA); cred | it, homeowner's, or renter's insura | nce |
| | □ Yes | . Nam | ne the insur | ance company o Compan | of each policy and lis y name: | t its value. | Beneficiary: | Surrender or refund value: |
| | If you | ı are tl | | | you from someone ast, expect proceeds | | olicy, or are currently entitled to rec | eive property because |
| | ■ No | 0: | : | . (| | | | |
| | ⊔ Yes | s. Give | e specific ir | nformation | | | | |
| | Exan | | | | r or not you have fi putes, insurance cla | | a demand for payment | |
| | ■ No □ Yes | . Des | cribe each | claim | | | | |
| | | | | | | | | |
| 34. | Other No | conti | ingent and | l unliquidated o | laims of every natu | ire, including counterd | claims of the debtor and rights to | o set off claims |
| | _ | . Des | scribe each | claim | | | | |
| | | | | | andra Park | | | |
| 35. | Any n ■ No | inanci | iai assets | you did not alre | eady list | | | |
| | | . Give | e specific ir | nformation | | | | |
| | | | | | | | | |
| 36 | | | | | | including any entries | for pages you have attached | \$494.79 |
| Pa | rt 5: D | escrib | e Any Busir | ness-Related Pro | perty You Own or Hav | e an Interest In. List any | real estate in Part 1. | |
| 37. | Do you | ı own d | or have any | legal or equitable | e interest in any busin | ess-related property? | | |
| | No. G | | | | | | | |
| [| ☐ Yes. | Go to | line 38. | | | | | |
| Pa | | | | | I Fishing-Related Prop nd, list it in Part 1. | perty You Own or Have a | n Interest In. | |
| 46. | Do yo | u ow | n or have a | any legal or equ | uitable interest in a | ny farm- or commercia | al fishing-related property? | |
| | ■ No | o. Go to | o Part 7. | | | | | |
| | ☐ Ye | s. Go | to line 47. | | | | | |
| | | | | | | | | |

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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| Debto Debto | | | Case number (if known) | |
|----------------|--|-------------|---------------------------|-----------------|
| | o you have other property of any kind you did not already list? xamples: Season tickets, country club membership | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. <i>A</i> | Add the dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. F | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. F | Part 2: Total vehicles, line 5 | \$3,800.00 | | |
| 57. F | Part 3: Total personal and household items, line 15 | \$1,150.00 | | |
| 58. F | Part 4: Total financial assets, line 36 | \$494.79 | | |
| 59. F | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. F | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. F | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. 1 | Fotal personal property. Add lines 56 through 61 | \$5,444.79 | Copy personal property to | stal \$5,444.79 |
| 63. 1 | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$5,444.79 |

Official Form 106A/B Schedule A/B: Property page 6

| Debtor 1 | Carl Crasso, Jr. | | | |
|--------------------|--------------------------|--------------------|-----------|-------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Nicole Nannete C | rasso | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | |
| Case number | | | | |
| if known) | | | | ☐ Check if this is a amended filing |

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the | | | |
|-------------------------------------|----------------------------------|---|--|
| portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| \$1,500.00 | | \$1,500.00 | Fla. Stat. Ann. § 222.25(1) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$1,000.00 | | \$1,000.00 | Fla. Const. art. X, § 4(a)(2) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$1,000.00 | | \$1,000.00 | Fla. Const. art. X, § 4(a)(2) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$300.00 | | \$300.00 | Fla. Stat. Ann. § 222.25(4) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$500.00 | | \$500.00 | Fla. Stat. Ann. § 222.25(4) |
| | | 100% of fair market value, up to | |
| | \$1,000.00 \$1,000.00 \$1,000.00 | \$1,000.00 \$1,000.00 \$300.00 \$\$ \$500.00 \$\$ | Copy the value from Schedule A/B \$1,500.00 \$1,500.00 100% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,000.00 100% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,000.00 100% of fair market value, up to any applicable statutory limit \$300.00 \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$300.00 \$500.00 |

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| btor 2 Nic | cole Nannete Crasso | | | Case number (if known) | | |
|--|---|--------------------------------------|-----|---|------------------------------------|--|
| | cription of the property and line on A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | | eck only one box for each exemption. | | |
| | D player, cell phones | \$250.00 | | \$250.00 | Fla. Stat. Ann. § 222.25(4) | |
| Line irem | 05.1504.16 7.7 2. 7 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | aneous clothing | \$50.00 | | \$50.00 | Fla. Stat. Ann. § 222.25(4) | |
| Line IIIII Schedule AVD. 11.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| Miscellaneous items of jewelry, wedding band Line from Schedule A/B: 12.1 | | \$350.00 | | \$350.00 | Fla. Stat. Ann. § 222.25(4) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash Line from Schedule A/B: 16.1 | | \$200.00 | | \$200.00 | Fla. Stat. Ann. § 222.25(4) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | ng: SunTrust #4544 | \$100.00 | | \$100.00 | Fla. Stat. Ann. § 222.25(4) | |
| Line irom | i Scriedule A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | nterest in Guardian Paratransit | \$189.79 | | \$189.79 | Fla. Stat. Ann. § 222.25(4) | |
| by debtors. Only asset - checking account. 100% Line from Schedule A/B: 19.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

| Fill | in this informatio | on to identify you | r case. | | | | |
|---------|---|---------------------|---|-----------------|-----------------------------------|--|---------------|
| | | on to identify you | i case. | | | | |
| Deb | | carl Crasso, Jr. | Madda Nasa | Last Name | | | |
| Dob | | | Middle Name | Last Name | | | |
| | ··· = | licole Nannete | Middle Name | Last Name | | | |
| ` ` | ed States Bankrup | otcv Court for the: | | | | | |
| | | , | | | | | |
| 1 | e number | | | | | | |
| (if kno | own) | | | | | | if this is an |
| L | | | | | | amend | ded filing |
| Offi | icial Form 10 | 06D | | | | | |
| | | | M/ballava Claima | C | al las e Duana ants | | 10/1= |
| SC | neaule D: | Creditors | Who Have Claims | Secure | a by Property | <u>y </u> | 12/15 |
| is nee | | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| | any creditors have | claims secured by | vour property? | | | | |
| | | - | nis form to the court with your other | r schedules. Y | ou have nothing else to | o report on this form | |
| | _ | | ŕ | 35Jaa100. 1 | 12 hard floating olde to | | |
| | Yes. Fill in all o | | Delow. | | | | |
| Part | List All Sec | cured Claims | | | Column A | Column B | Column C |
| | | | nore than one secured claim, list the cre | | | | Unsecured |
| | | | a particular claim, list the other creditor cal order according to the creditor's name | | Amount of claim Do not deduct the | Value of collateral that supports this | portion |
| |] | · • | <u> </u> | | value of collateral. | claim | If any |
| 2.1 | Ocwen Loan S | Servicing | Describe the property that secures | the claim: | Unknown | Unknown | Unknown |
| | Creditor's Name | | 6340 Arbor Avenue Port Sai | | | | - |
| | | | FL 32927 Brevard County | | | | |
| | | | As of the date you file, the claim is: | Chaple all that | | | |
| | PO Box 24738 | | apply. | Check all that | | | |
| | FL 33341-600 | 00 | Contingent | | | | |
| | Number, Street, City, | State & Zip Code | Unliquidated | | | | |
| Who | o owes the debt? (| Chook one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | oneck one. | | | | | |
| | Debtor 2 only | | An agreement you made (such as car loan) | mortgage or se | ecured | | |
| _ | Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| _ | at least one of the del | . , | ☐ Judgment lien from a lawsuit | | | | |
| _ | Check if this claim r | | Other (including a right to offset) | Servicer fo | or The Bank New Yo | ork mortgage | |
| | community debt | | — Other (including a right to onset) | | | | |
| Date | debt was incurred | | Last 4 digits of account num | ber <u>1056</u> | | | |
| | ☐ The Bank of N | low Vork | | | | | |
| 2.2 | Mellon | New TOTK | Describe the property that secures | the claim: | \$104,364.00 | Unknown | Unknown |
| | Creditor's Name | | 6340 Arbor Avenue Port Sai | | | | |
| | c/o Aldridge F | Pite LLP | FL 32927 Brevard County | , | | | |
| | 1615 South Co | ongress | As of the date you file, the claim is: | Chaple all that | | | |
| | Ave #200 | =1 0044= | apply. | Check all that | | | |
| | Delray Beach | <u>*</u> | Contingent | | | | |
| | Number, Street, City, | State & Zip Code | Unliquidated | | | | |
| Who | o owes the debt? | Check one | Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | OHEUN UHE. | ☐ An agreement you made (such as | mortange er co | acurad | | |
| | Debtor 1 only Debtor 2 only | | car loan) | mongage or se | :cureu | | |
| _ | Debtor 2 only Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| _ | Deptor 1 and Deptor 2 at least one of the de | - | ☐ Judgment lien from a lawsuit | | | | |
| _ | at least one of the del | | _ | Mortgage | Loan | | |
| | community debt | J.3.00 to u | Other (including a right to offset) | | | | |

Official Form 106D

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| Debtor 1 | | | | Case number (if know) | |
|---|--------------------------|-----------------|---|-----------------------|-----------|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Nicole Nannete C | rasso | | | |
| | First Name | Middle Name | Last Name | | |
| Date debt | was incurred | | Last 4 digits of account number | | |
| | | | | | |
| Add the | dollar value of your ent | tries in Column | A on this page. Write that number here: | \$104,364.0 |)O |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | \$104,364.0 | 0 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Case 0.18-DK-053 | 528-KSJ D0C1 Filed 09/ | 10/18 Page | 20 01 50 | |
|---------|---|--|---|--------------------------|---------------------------------------|--------------------|
| Filli | in this inform | ation to identify your case: | | | | |
| Deb | tor 1 | Carl Crasso, Jr. | | | | |
| | | | dle Name Last Name | - | | |
| Deb | | Nicole Nannete Crasso | | | | |
| (Spou | ise if, filing) | First Name Mid | dle Name Last Name | | | |
| Unite | ed States Ban | kruptcy Court for the: MIDDLE | DISTRICT OF FLORIDA | | | |
| Case | e number | | | | | |
| (if kno | | | | | _ | if this is an |
| | | | | | amend | ed filing |
| Offi | cial Form | 106F/F | | | | |
| | | | ve Unsecured Claims | | | 12/15 |
| | | | r creditors with PRIORITY claims and Part 2 | for proditors with NON | DDIODITY alaima Li | |
| left. A | | nuation Page to this page. If you ha | operty. If more space is needed, copy the Pa ave no information to report in a Part, do no | | | |
| Part | List All | of Your PRIORITY Unsecured | Claims | | | |
| 1. [| Do any creditor | s have priority unsecured claims ag | gainst you? | | | |
| I | ☐ No. Go to Pa | rt 2. | | | | |
| ı | Yes. | | | | | |
| i. | dentify what type cossible, list the | e of claim it is. If a claim has both prior | or has more than one priority unsecured claim, rity and nonpriority amounts, list that claim here to the creditor's name. If you have more than m, list the other creditors in Part 3. | and show both priority a | and nonpriority amount | s. As much as |
| (| For an explanat | ion of each type of claim, see the instr | ructions for this form in the instruction booklet.) | | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IRS | | Last 4 digits of account number | \$3,801.09 | Unknown | Unknown |
| | • | ditor's Name | | <u> </u> | | |
| | PO Box | | When was the debt incurred? | | - | |
| | | ohia, PA 19101-7346 eet City State Zlp Code | As of the date you file, the claim is: Check | all that apply | | |
| | | the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 on | ly | ☐ Unliquidated | | | |
| | Debtor 2 on | ly | ☐ Disputed | | | |
| | Debtor 1 an | d Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one | of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if th | is claim is for a community debt | ■ Taxes and certain other debts you owe the | ne government | | |
| | Is the claim su | bject to offset? | Claims for death or personal injury while | you were intoxicated | | |
| | ■ No | | ☐ Other. Specify | | | |
| | ☐ Yes | | Personal income | tax - tax year 2015 | · · · · · · · · · · · · · · · · · · · | |
| | | | co-debtor | | | |

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| | btor 1 Gari Crasso, Jr. btor 2 Nicole Nannete Crasso | Case number (if know) | | | | | | | |
|-----|--|---|---------------------------------|-----------------------|----------------|--|--|--|--|
| 2.2 | IRS | Last 4 digits of account number | \$4,379.00 | Unknown | Unknown | | | | |
| | Priority Creditor's Name PO Box 7346 | When was the debt incurred? | | | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim is: Check | all that apply | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | an and apply | | | | | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the | e government | | | | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while y | - | | | | | | |
| | ■ No | ☐ Other. Specify | | | | | | | |
| | Yes | | tax - tax year 2013 | | | | | | |
| 2.3 | IRS | Last 4 digits of account number | \$1,265.99 | Unknown | Unknown | | | | |
| | Priority Creditor's Name PO Box 7346 | When was the debt incurred? | | | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim is: Check | all that apply | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | an and apply | | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | | | |
| | ☐ Check if this claim is for a community debt | ebt Taxes and certain other debts you owe the government | | | | | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while y | = | | | | | | |
| | ■ No | ☐ Other. Specify | | | | | | | |
| | Yes | Personal income t | ax - tax year 2012 | | | | | | |
| 2.4 | | Last 4 digits of account number | \$3,263.54 | Unknown | Unknown | | | | |
| | Priority Creditor's Name PO Box 7346 | When was the debt incurred? | | | | | | | |
| | Philadelphia, PA 19101-7346 | | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check | all that apply | | | | | | |
| | Who incurred the debt? Check one. | Contingent | | | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | | | |
| | ☐ At least one of the debtors and another | Domestic support obligations | | | | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the | | | | | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while y☐ Other. Specify | ou were intoxicated | | | | | | |
| | ■ No □ Yes | | | | | | | | |
| Do | | Personal income t | , | | | | | | |
| _ | rt 2: List All of Your NONPRIORITY Unsecu | | | | | | | | |
| 3. | | - | | | | | | | |
| | ☑ No. You have nothing to report in this part. Submit☑ Yes. | this form to the court with your other schedules. | | | | | | | |
| 4. | | laim. For each claim listed, identify what type of | claim it is. Do not list claims | already included in F | art 1. If more | | | | |

Total claim

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| | r 1 Carl Crasso, Jr. r 2 Nicole Nannete Crasso | Case number (if know) | |
|-----|---|---|------------|
| 4.1 | Seminole Foundation Trust | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name c/o Anthony Sciacca 1630 Phyllis Drive Melbourne, FL 32935 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | <u> </u> | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify | |
| 4.2 | Anthony Coinne | Last 4 digits of account number | Undersour |
| 4.2 | Anthony Sciacca Nonpriority Creditor's Name | | Unknown |
| | 1630 Phyllis Drive Merritt Island, FL 32952 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | — NO | Mr. Sciacca is owner and holds deed to | |
| | Yes | property 6340 Arbor Lane, Cocoa FL Debtors are on Note and Mortgage | |
| 4.3 | Asset Acceptance LLC Nonpriority Creditor's Name | Last 4 digits of account number 8590 | \$4,371.90 |
| | Bank of America PO Box 2036 Warren, MI 48090 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | _ | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | ☐ Yes | ■ Other. Specify credit card | |

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| | 1 Carl Crasso, Jr. 2 Nicole Nannete Crasso | Case number (if know) | |
|-----|--|---|-------------|
| 4.4 | Capital One Bank USA NA | Last 4 digits of account number | \$2,736.71 |
| | Nonpriority Creditor's Name c/o RAS LaVrar LLC 1133 University Dr. 2nd Flr | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Case No. 05-2017-SC-41433 | |
| 4.5 | Capital One Bank USA NA | Last 4 digits of account number | \$2,473.63 |
| | Nonpriority Creditor's Name c/o RAS LaVrar LLC 1133 University Dr. 2nd Flr | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Case No. 05-2017-SC-41451 | |
| 4.6 | First National Collection Nonpriority Creditor's Name | Last 4 digits of account number 6986 | \$10,963.34 |
| | LVNV Funding/Citibank 610 Waltham Way Sparks, NV 89434 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify credit card | |

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| | or 1 Carl Crasso, Jr. Nicole Nannete Crasso | Case number (if know) | |
|-----|--|--|------------|
| 4.7 | IC Systems | Last 4 digits of account number 5239 | \$4,220.99 |
| | Nonpriority Creditor's Name Parrish Medical Center PO Box 64378 | When was the debt incurred? | |
| | Saint Paul, MN 55164 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical charges | |
| 4.8 | Nationwide Credit | Last 4 digits of account number 4950 | \$1,328.66 |
| | Nonpriority Creditor's Name PO Box 14581 Des Moines, IA 50306 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit card | |
| 4.9 | Portfolio Recovery Assoc | Last 4 digits of account number | \$1,408.22 |
| | Nonpriority Creditor's Name 120 Corporate Blvd Norfolk, VA 23502 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | contract and indebtedness ■ Other. Specify Case #05-2018-SC-21471 | |

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| 1 Carl Crasso, Jr. 2 Nicole Nannete Crasso | Case number (if know) | | | | | |
|---|---|----------|--|--|--|--|
| Wells Fargo Dealer Svc | Last 4 digits of account number | \$2,929. | | | | |
| Nonpriority Creditor's Name 8875 Hidden River Pkwy #500 | When was the debt incurred? | | | | | |
| Tampa, FL 33637 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐ Yes | ■ Other. Specify Repossessed vehicle - 2013 Kia Soul | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 12,709.62 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 12,709.62 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 30,432.88 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 30,432.88 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this information to identify your case: | | | | | | |
|---|------------------|--------------------|-----------|--|--|------------------------------------|
| Debtor 1 | Carl Crasso, Jr. | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Nicole Nannete C | rasso | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | MIDDLE DISTRICT OF | FLORIDA | | | |
| Case number | | | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| - 1 | Person or | company with Name, Number | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

Official Form 106G

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| Fill in Abia | | | | |
|------------------------|---|-------------------------------|---|---|
| Fill in this | s information to identify | your case: | | |
| Debtor 1 | Carl Crasso, | | Loot Name | |
| Debtor 2 | Nicole Nann | Middle Name | Last Name | |
| (Spouse if, fil | | Middle Name | Last Name | |
| United Sta | ates Bankruptcy Court for | the: MIDDLE DISTRICT | OF FLORIDA | |
| Case num (if known) | nber | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your C | odebtors | | 12/15 |
| your name | e and case number (if kr | nown). Answer every ques | | page. On the top of any Additional Pages, write |
| ■ No □ Ye | | | | |
| | | | ty property state or territory? (Co., Puerto Rico, Texas, Washington, | mmunity property states and territories include and Wisconsin.) |
| | . Go to line 3. s. Did your spouse, forme | er spouse, or legal equivaler | nt live with you at the time? | |
| in line Form | e 2 again as a codebtor | only if that person is a gu | arantor or cosigner. Make sure ye | spouse is filing with you. List the person shown bu have listed the creditor on Schedule D (Official se Schedule D, Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebto Name, Number, Street, City, State | | | olumn 2: The creditor to whom you owe the debt neck all schedules that apply: |
| 3.1 | | | Г | Schedule D, line |
| 3.1 | Name | | | Schedule E/F, line |
| | | | | Schedule G, line |
| | Number Street | | | |
| | City | State | ZIP Code | |
| 3.2 | | | Γ | Schedule D, line |
| | Name | | | Schedule E/F, line |
| | | | | Schedule G, line |
| | Number Street | | | |
| | City | State | ZIP Code | |

| Fill in this informat | tion to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Carl Crasso, Jr. | |
| Debtor 2 (Spouse, if filing) | Nicole Nannete Crasso | |
| United States Ban | kruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Fo | <u>rm 106l</u> | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

0.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | Describe Employment | | | | |
|------|---|----------------------|--------------------------------------|-------------|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | | ☐ Employed |
| | attach a separate page with information about additional | Employment status | □ Not employed | | ■ Not employed |
| | employers. | Occupation | tranportation | | |
| | Include part-time, seasonal, or self-employed work. Employer's name | | Guardian Para | transit Svc | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 6340 Arbor Avenue Cocoa, FL 32927 | | |
| | | How long employed th | ere? 9 year | 'S | |
| Part | Give Details About Mon | thly Income | | | |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 0.00 0.00

Official Form 106I Schedule I: Your Income page 1

| Debi | | Carl Crasso, Jr. Nicole Nannete Crasso | | | Cas | e number (<i>if kr</i> | nowr |) | | | | |
|------|-----------------------|--|------|-----|----------|-------------------------|------|-------|-------|-----------|------------------|-----------------|
| | | | | | Fo | or Debtor 1 | | | | Debtor | | |
| | Cop | y line 4 here | 4. | | \$ | (| 0.0 |) | \$_ | 9 | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | а. | \$ | C | 0.0 | 0 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5k | ٥. | \$ | (| 0.0 | 0 | \$ | | 0.00 | - |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$ | (| 0.0 |) | \$ | | 0.00 | - |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$_ | | 0.0 | | \$_ | | 0.00 | - |
| | 5e. | Insurance | 56 | | \$_ | | 0.0 | _ | \$_ | | 0.00 | - |
| | 5f. | Domestic support obligations | 5f | | \$_ | | 0.0 | _ | \$_ | | 0.00 | |
| | 5g. | Union dues | 50 | | \$ \$ | | 0.0 | _ | \$_ | | 0.00 | - |
| | 5h. | Other deductions. Specify: | _ 51 | า.+ | | | | _ | + \$_ | | 0.00 | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | | 0.0 | _ | \$_ | | 0.00 | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | (| 0.0 | 0_ | \$_ | | 0.00 | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | |
| | | monthly net income. | 88 | a. | \$ | 2,662 | 2.9 | 4 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8k | ο. | \$ | , (| 0.0 | 0 | \$ | | 0.00 | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | Э. | \$ | (|).0 | D | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | d. | \$ | |).0 | _ | \$ | | 0.00 | - |
| | 8e. | Social Security | 86 | Э. | \$ | (| 0.0 | 0 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | :. | \$ | (|).0(| 0_ | \$_ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 86 | - | \$ | | 0.0 | _ | \$_ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8ł | า.+ | \$_ | (| 0.0 |) - | + \$_ | | 0.00 | - |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$_ | 2,662 | 2.9 | 4 | \$_ | | 0.00 |) |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 2,662.94 | + | \$_ | | 0.00 | = \$ | 2,662.94 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | dep | | | | | | - | | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | | e. 12. | \$ | 2,662.94 |
| 13. | | you expect an increase or decrease within the year after you file this form | ? | | | | | | | | Combir monthl | ned y income |
| | | No. Yes. Explain: Co-debtor is expecting to get job with Brevard Co | | 4 | 0-1 | hool Boom | | | hus | driver | The i- | h nove |
| | | Yes. Explain: Co-debtor is expecting to get job with Brevard Co \$13.06 an hour for 30 hour week. Tentative start of | | | | | ıa | s a | ยนธ | ariver. | rne jo | ນ pays |

| Debtor 1 Carl Crasso, Jr. Check if this is: An amended filing An amended fil | Fill | in this information to | identify vo | our case. | | | 1 | | |
|--|------|---|---------------|--------------------|---------------------------------|-----------------------|--------------|-------------------------------------|---|
| An amended filling | | | | | | | Che | eck if this is: | |
| Spose, if filings 13 expenses as of the following date: MM / DD / YYYY | | Cari | Orasso, | 01. | | | | | |
| Case number (It known) Comparison Compa | | 14100 | ole Nanno | ete Crass | 60 | | | A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part II Describe Your Household Is this a joint case? No, Go to line 2 Yes. Debtor 2 live in a separate household? No, Go to line 2 Yes. Debtor 2 live in a separate household? No Do not list Debtor 1 and Pyes. Fill out this information for each oppendent's relationship to Dependent's each oppendent live with you? Do not state the dependents names. Son 21 Pyes No No Yes No No Yes Son 21 Pyes No No No No Yes Stimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report openses as of a date after the bankruptcy is flied. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses | Unit | ted States Bankruptcy C | Court for the | MIDDLE | DISTRICT OF FLORIDA | | | MM / DD / YYYY | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household | | | | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: | Of | fficial Form | 106J | | | | 1 | | |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if Known). Answer every question. Patt Describe Your Household | S | chedule J: ` | Your I | Expen | ises | | | | 12/1 |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do not list Debtor 1 and Yes. Fill out this information for Debtor 1 or Debtor 2. Do not state the dependents? Do not state the dependents names. Son 21 Yes No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No No Yes No Yes No Yes No Yes No No Yes No Ye | info | ormation. If more sp | ace is ne | eded, atta | ch another sheet to this | | | | |
| No. Go to line 2. | | | | hold | | | | | |
| Yes. Does Debtor 2 live in a separate household? No | 1. | | | | | | | | |
| No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. | | | | n a sonar | ate household? | | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. | | _ | tor 2 live i | ii a sepai | ate nousenolu: | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 21 Pers. Fill out this information for each dependent | | | btor 2 mus | st file Officia | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Del | otor 2. | |
| Debtor 2. Debtor 1 or Debtor 2 age live with you? Do not state the dependents names. Son 21 Yes Yes No No Yes No Yes No No Yes Yes No Yes Yes No Yes Ye | 2. | Do you have depe | endents? | □ No | | | | | |
| dependents names. Son 21 Yes No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 880.00 If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. \$ 0.000 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.000 4d. Homeowner's association or condominium dues 4d. \$ 0.000 | | | and | ■ Yes. | | | | • | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? And Yes No Yes No Yes | | Do not state the | | | | _ | | | □ No |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) If not included in line 4: 4a. Real estate taxes 4a. \$ 880.00 If not included in line 4: 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | dependents names | 5. | | | Son | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses | | | | | | | | | · · · · |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | | | | | | | | |
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| expenses of people other than yourself and your dependents? Part 2: | 3. | Do your expenses | sinclude | _ | No | | | | ⊔ Yes |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | | expenses of peop | le other ti | ^{han} . □ | | | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | Par | t 2: Estimate Vo | vur Ongoji | na Monthi | v Evnansas | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 880.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | Est | imate your expense penses as of a date | es as of yo | our bankrı | uptcy filing date unless y | | | | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ | the | value of such assis | | | | | | Your exp | enses |
| payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 880.00 4a. \$ 0.00 4b. \$ 0.00 4c. Homeowner's association or condominium dues 4d. \$ 0.00 | • | , | | | | | | | |
| 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 4d. \$ 0.00 | 4. | | | | | nclude first mortgage | e 4. | \$ | 880.00 |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | If not included in | line 4: | | | | | | |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00 | | 4a. Real estate t | axes | | | | 4a. | \$ | 0.00 |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | | | | | | | · | 0.00 |
| | | | - | | | | | · | |
| | 5. | | | | | me equity loans | | · | |

| Debtor 1 Debtor 2 | | Carl Cra Nicole N | isso, Jr. Iannete Crasso | Case num | ber (if known) | |
|----------------------|--------|----------------------|--|--------------|---------------------------------------|--------------------------|
| | | | | | _ | |
| 6. | Utilit | | | | | |
| | 6a. | - | r, heat, natural gas | 6a. | · | 218.00 |
| | 6b. | | wer, garbage collection | 6b. | · | 35.00 |
| | 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | | 100.00 |
| 7 | 6d. | Other. Spe | | 6d. | * | 0.00 |
| 7. 8. | | | sekeeping supplies children's education costs | 7. 8. | \$ | 500.00 |
| | | | | 9. | \$ | 0.00 |
| 9. 10 | | • | dry, and dry cleaning products and services | 9. 10. | * | 31.00 15.00 |
| 11. | | • | ental expenses | 11. | · · · · · · · · · · · · · · · · · · · | 50.00 |
| | | | Include gas, maintenance, bus or train fare. | 11. | Ψ | 50.00 |
| 12. | | | car payments. | 12. | \$ | 0.00 |
| 13. | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Char | ritable cont | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insu | rance. | | | | |
| | | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insura | | 15a. | · | 0.00 |
| | | Health ins | | 15b. | * | 270.00 |
| | | Vehicle in | | 15c. | · | 318.09 |
| | | | urance. Specify: | 15d. | \$ | 0.00 |
| | Spec | cify: | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | | ease payments: | 47- | ¢. | 0.00 |
| | | | ents for Vehicle 1 | 17a. | · | 0.00 |
| | | | ents for Vehicle 2 | 17b. | * | 0.00 |
| | | Other. Spe | | 17c. | | 0.00 |
| 10 | | Other. Spe | | 17d. | > | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report a your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| 19. | | | s you make to support others who do not live with you. | • | \$ | 0.00 |
| | Spec | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 19. | * | |
| 20. | • | | perty expenses not included in lines 4 or 5 of this form or on Sch | | our Income. | |
| | 20a. | Mortgages | s on other property | 20a. | \$ | 0.00 |
| | 20b. | Real estat | te taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeown | ner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | er: Specify: | | 21. | +\$ | 0.00 |
| 22 | Calc | ulate vour | monthly expenses | | | |
| ۷۷. | | • | through 21. | | \$ | 2.417.09 |
| | | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | | \$ | 2,417.03 |
| | | ' ' | a and 22b. The result is your monthly expenses. | | \$ | 2 447 00 |
| | 220. | Auu IIIIe 22 | a and 22b. The result is your monthly expenses. | | Φ | 2,417.09 |
| 23. | Calc | ulate your | monthly net income. | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,662.94 |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 2,417.09 |
| | | | | | | |
| | 23c. | | our monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | 245.85 |
| 24 | Do v | OU AVDACT | an increase or decrease in your expenses within the year after y | ou file this | s form? | |
| ∠ 4. | For ex | xample, do yo | ou expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | or decrease because of a |
| | ■ N | lo. | | | | |
| | □ Y | | Explain here: | | | |

| Fill in th | is information to identify your | case: | | | |
|----------------------|--|---|---|---|--|
| Debtor 1 | Carl Crasso, Jr. | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | 1110010111111111111 | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | | |
| United S | tates Bankruptcy Court for the: | MIDDLE DISTRICT O | F FLORIDA | | |
| Case nu | mber | | | _ 0, ,,,,,, | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| You mus obtaining | t file this form whenever you f | ile bankruptcy schedule in connection with a bar | | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 | |
| | Sign Below | | | | |
| Did | you pay or agree to pay some | one who is NOT an atto | orney to help you fill out bankrupt | cy forms? | |
| | No | | | | |
| | Yes. Name of person | | | Attach Bankruptcy Petition Preparer's Notice, | |
| | · · · · · · · · · · · · · · · · · · · | - | | Declaration, and Signature (Official Form 119) | |
| that X | they are true and correct. /s/ Carl Crasso, Jr. Carl Crasso, Jr. | that I have read the su | mmary and schedules filed with th X /s/ Nicole Nannete Nicole Nannete Cr | e Crasso | |
| | Signature of Debtor 1 | | Signature of Debtor 2 | | |
| | Date September 10, 2018 | | Date September | 10, 2018 | |

| Fill i | n this infor | nation to identify your | case: | | | |
|---------------|--|---|---|--|--|---|
| Debt | tor 1 | Carl Crasso, Jr. | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debt (Spou | tor 2 se if, filing) | Nicole Nannete (| Crasso Middle Name | Last Name | | |
| Unite | ed States Ba | nkruptcy Court for the: | MIDDLE DISTRICT OF F | LORIDA | | |
| _ | | | | | | |
| (if kno | e number _{pwn)} | | | | _ | heck if this is an mended filing |
| | | rm 107 | Affaire for Individ | duals Filing for B | ankruptov | 444.0 |
| Be as | s complete a | and accurate as possi | ble. If two married people a attach a separate sheet to | are filing together, both are | equally responsible for suppy additional pages, write you | |
| Part | | | rital Status and Where You | Lived Before | | |
| 1. ' | What is you | r current marital statu | s? | | | |
| | ■ Married □ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you li | ved in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 P | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Expla | in the Sources of You | r Income | | | |
| | Fill in the tota | al amount of income you | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once ur | | dar years? |
| | □ No ■ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$14,700.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

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| Debtor 1 Debtor 2 | | rl Crasso, cole Nann | Jr. ete Crasso | | | | c | ase | number (<i>if known</i>) | | |
|----------------------|---------------|--------------------------------------|--|---|---|--|---|---------------------------|---|-------------------------------------|--|
| | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | Sources | of income that apply. | (before | s income re deductions and sions) | d | Sources of inco | | Gross income (before deductions and exclusions) |
| | | dar year: December : | 31, 2017) | ☐ Wages bonuses, | , commissions, tips | | \$24,806.00 | 0 | ☐ Wages, comr bonuses, tips | missions, | \$0.00 |
| | | | | ■ Operat | ing a business | | | | ☐ Operating a b | ousiness | |
| | | dar year bet December | | ☐ Wages | , commissions, tips | | \$24,336.00 | 0 | ☐ Wages, comr | missions, | \$0.00 |
| | | | | Operat | ing a business | | | | ☐ Operating a b | ousiness | |
| | each s | • | he gross inco | • | ave income that y | | • | | | | |
| | | | | Sources of Describe b | | each (befor | s income from source re deductions and sions) | d | Sources of inco | ome | Gross income (before deductions and exclusions) |
| Part 3: | List | Certain Pa | yments You | Made Befo | re You Filed for I | Bankrup | otcy | | | | |
| 6. Are □ | either No. | Neither Defindividual puring the No. | ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include | ebtor 2 has personal, fa re you filed ach creditor editor. Do no payments to | amily, or househol for bankruptcy, di r to whom you pai | imer del d purpos d you pa d a total ats for do his banki | ots. Consumer dese." y any creditor a to of \$6,425* or more mestic support ob | otal or re in bliga | of \$6,425* or more one or more payr tions, such as chi | e? ments and th ld support ar | (8) as "incurred by an le total amount you and alimony. Also, do |
| | Yes. | | | | primarily consu for bankruptcy, di | | | otal o | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | | | | |
| | | □ Yes | | ments for do | | | | | | | creditor. Do not nclude payments to an |
| Cre | editor' | s Name and | l Address | | Dates of payme | nt | Total amount | | Amount you still owe | Was this p | ayment for |

| | otor 1 otor 2 | Carl Crasso, Jr. Nicole Nannete Crasso | Case number (if known) | | | | | |
|------------------|--|--|--|---|---|---|--|--|
| 7. | Inside of whi a busi alimor | n 1 year before you filed for bankruptours include your relatives; any general parch you are an officer, director, person in ness you operate as a sole proprietor. 17 hy. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partners of their voting | erships of which yo g securities; and ar | u are a general partner; corporations ny managing agent, including one for | | |
| | | es. List all payments to an insider. | Dates of payment | Total amount | Amount you | Reason for this payment | | |
| | mora | or 5 Name and Address | bates of payment | paid | still owe | Readon for this payment | | |
| 8. | inside | n 1 year before you filed for bankruptoer? e payments on debts guaranteed or cosi | | nents or transfer a | iny property on a | ccount of a debt that benefited an | | |
| | | No | | | | | | |
| | | es. List all payments to an insider | | | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | |
| | 875 | y Gianoly Poinsettia Avenue sville | 12/1/17 - \$400; 12/22/17 - \$400; 3/6/18 - \$400; 3/28/18 - \$400; 4/27/18 - \$400; 6/6/18 - \$400; and 7/6/18 (\$200 + \$50) | \$2,650.00 | \$0.00 | Co-debtor's mother (Mary Gianoly) paid \$11,000 for son's lawyer through a Discover Card for the benefit of debtor and co-debtor's son. Co-debtor paid the monthly payments on Discover card from12/1/17 thorugh 7/6/18, at which point co-debtor's mother retired entire debt. | | |
| Par 9. | Within List all modifi | Identify Legal Actions, Repossession 1 year before you filed for bankrupto I such matters, including personal injury cations, and contract disputes. | ey, were you a party in an | | | | | |
| | | es. Fill in the details. | | | | | | |
| | Case | title number | Nature of the case | Court or agency | | Status of the case | | |
| | Carl Crasso, Jr. & Nicole Nannete Crasso The Bank of New York Mellon 05-2016-CA-40444 | | Foreclosure | Circuit Court B County Viera, FL 32940 | | ■ Pending □ On appeal □ Concluded Public sale 9-12-18 | | |
| | | | | | | | | |
| | Ass | Crasso, Jr. Portfolio Recovery oc 018-SC-21471 | contract and indebtedness | Small Claims Court Brevard County Viera, FL 32940 | | ■ Pending □ On appeal □ Concluded | | |
| | Ban | ole Nannete Crasso Capital One k USA NA 017-SC-41433 | contract and indebtedness | Small Claims C County Melbourne, FL | | ☐ Pending ☐ On appeal ☐ Concluded | | |
| | | | | | | Final Judgment entered 11/9/17 | | |

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| 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No | | otor 2 Nicole Nannet | | | Case number | (if known) _ | | |
|---|------|---|-------------------------|---------------------------|-----------------------------------|--------------|-----------------------|-------------------------|
| Card Crasso, Jr. Capital One Bank USA NA 05-2017-SC-41451 | | | | Nature of the case | Court or agency | | Status of the | e case |
| Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, selzed, or levied? Check all that apply and fill in the details below. No. Go to line 11. | | Carl Crasso, Jr. Cap USA NA | oital One Bank | | County | | ☐ On appea ☐ Conclude | ed |
| Check all that apply and fill in the details below. No. Go to line 11. | | | | | | | | ment |
| Creditor Name and Address Describe the Property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken Amount taken Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts Value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Describe what you contributed Dates you contributed Value Contributed No Yalue Creditors, a custodian, or another official? Describe any gifts or contributed Dates you contributed Value contributed Value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | | | | | perty repossessed, foreclosed | , garnishe | ∍d, attached | , seized, or levied? |
| Explain what happened Property | | _ | mation below. | | | | | |
| Explain what happened | | Creditor Name and Ac | Idress | Describe the Property | y | Date | | |
| accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was taken Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Include the amount that insurance has paid. List pending Value of property lost | | | | Explain what happen | ed | | | property |
| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No | | accounts or refuse to r | nake a payment bec | | | stitution, s | set off any a | mounts from your |
| court-appointed receiver, a custodian, or another official? No | | Creditor Name and Ac | Idress | Describe the action the | he creditor took | | tion was | Amount |
| Part 5: List Certain Gifts and Contributions No | | court-appointed receiv | | | perty in the possession of an a | assignee t | or the bene | fit of creditors, a |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to any charity? No Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred No Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending No Value of property lost | | _ | | | | | | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending Value of property lost | Part | List Certain Gifts | and Contributions | | | | | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending Value the gifts Date of your Value of property lost lost personnel lost. | 13. | ■ No | · | tcy, did you give any gi | fts with a total value of more th | han \$600 | per person? | |
| Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | | | <u> </u> | Describe the gift | cs . | | | Value |
| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 to any charity? Dates you contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Date of your lost Value of property lost Include the amount that insurance has paid. List pending | | Person to Whom You | Gave the Gift and | | | the gift | S | |
| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Dates you contributed Value Contributed Date of your lost of your lost and lost of your lost and lost of property lost lost of your l | 14. | Within 2 years before y | | | fts or contributions with a tota | l value of | more than \$ | 600 to any charity? |
| 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling? ■ No □ Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | | Gifts or contributions more than \$600 Charity's Name | to charities that total | | ou contributed | | | Value |
| or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending lost | Part | t 6: List Certain Loss | ses | | | | | |
| ☐ Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Date of your lost Include the amount that insurance has paid. List pending lost | | | ou filed for bankrupto | cy or since you filed for | bankruptcy, did you lose anyt | hing beca | ause of theft | , fire, other disaster, |
| how the loss occurred Include the amount that insurance has paid. List pending | | _ | ails. | | | | | |
| | | | ln | clude the amount that ins | surance has paid. List pending | | your | |

Carl Crasso, Jr. Debtor 1 Debtor 2 Nicole Nannete Crasso Case number (if known) Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You **Attorney Fees 1000** WHITAKER LAW, P.A. 5/25/17 500 \$1,335.00 700 N. Wickham Road Filing Fees 335 10/5/17 835 Suite 205 Melbourne, FL 32935 hpw@whitakerlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο П Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was Address payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

☐ Yes. Fill in the details.

Person Who Received Transfer
Address
Description and value of property transferred
Describe any property or payments received or debts paid in exchange

Person's relationship to you

Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust Description and value of the property transferred Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

■ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred Last balance before closing or transfer

| Deb | otor 2 | Nicole Nannete Crasso | | Case number (if known) | |
|-----|------------|--|---|---|-----------------------|
| 21. | | ou now have, or did you have within 1 year or other valuables? | before you filed for bankruptcy, a | ny safe deposit box or other deposito | ory for securities, |
| | _ | No Yes. Fill in the details. | | | |
| | | e of Financial Institution 'ess (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have | you stored property in a storage unit or pl | ace other than your home within 1 | year before you filed for bankruptcy | ? |
| | _ | No Yes. Fill in the details. | | | |
| | | e of Storage Facility "ess (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: | Identify Property You Hold or Control for | Someone Else | | |
| 23. | | ou hold or control any property that someo omeone. | one else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | = 1 | No | | | |
| | _ ` | Yes. Fill in the details. | | | |
| | | er's Name ress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | t 10: | Give Details About Environmental Informa | ation | | |
| For | the pu | rpose of Part 10, the following definitions | apply: | | |
| | toxic | conmental law means any federal, state, or substances, wastes, or material into the a | ir, land, soil, surface water, ground | • | |
| | Site n | neans any location, facility, or property as n, operate, or utilize it, including disposal | defined under any environmental l | aw, whether you now own, operate, o | or utilize it or used |
| | Haza | rdous material means anything an environ dous material, pollutant, contaminant, or s | mental law defines as a hazardous | waste, hazardous substance, toxic s | substance, |
| Rep | ort all | notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | |
| 24. | Has a | ny governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environme | ental law? |
| | = 1 | No | | | |
| | □ ' | Yes. Fill in the details. | | | |
| | | e of Site 'ess (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have | you notified any governmental unit of any | release of hazardous material? | | |
| | _ | No Yes. Fill in the details. | | | |
| | Nam | e of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | , | | |

Debtor 1 Carl Crasso, Jr.

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| | Nicole Nannete Crasso | | Case number (if known) | | | | | | | |
|---|---|---|--|--------------------|--|--|--|--|--|--|
| 26. Hav | e you been a party in any judicial or adı | ministrative proceeding under any envi | ronmental law? Include settlements a | and orders. | | | | | | |
| | No Yes. Fill in the details. | | | | | | | | | |
| | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | |
| Part 11: | Give Details About Your Business or | Connections to Any Business | | | | | | | | |
| 27. Wit | nin 4 years before you filed for bankrup | tcy, did you own a business or have ar | y of the following connections to any | business? | | | | | | |
| | ☐ A sole proprietor or self-employed | in a trade, profession, or other activity, | either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability comp | pany (LLC) or limited liability partnersh | ip (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | | |
| | □ An officer, director, or managing executive of a corporation | | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | | |
| | siness Name | Describe the nature of the business | business Employer Identification numbe | | | | | | | |
| | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN. Dates business existed | | | | | | | |
| | ardian Paratransit Svc 40 Arbor Avenue | transportation | EIN: 47-4471487 | | | | | | | |
| D.5 | io / ii boi / ii oii ao | | | | | | | | | |
| Co | coa, FL 32927 | Debtors keep books | From-To March 2009 to date | | | | | | | |
| 28. With inst | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. | <u> </u> | March 2003 to date | | | | | | | |
| 28. With inst | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress | tcy, did you give a financial statement | March 2003 to date | | | | | | | |
| 28. Wittinst Na Ad (Nu Part 12: I have reare true with a ba | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) | Date Issued | to anyone about your business? Included I declare under penalty of perjury to or obtaining money or property by fra | ide all financial | | | | | | |
| 28. With instance of the control of | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | Date Issued mancial Affairs and any attachments, are false statement, concealing property, \$250,000, or imprisonment for up to 20 | to anyone about your business? Included I declare under penalty of perjury to or obtaining money or property by fractions, or both. | ide all financial | | | | | | |
| 28. With instance of the control of | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of Finand correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. Crasso, Jr. asso, Jr. | Date Issued Date Issued nancial Affairs and any attachments, ar false statement, concealing property, \$250,000, or imprisonment for up to 20 /s/ Nicole Nannete Crasso Nicole Nannete Crasso | to anyone about your business? Included I declare under penalty of perjury to or obtaining money or property by fractions, or both. | ide all financial | | | | | | |
| 28. With instance of the control of | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | Date Issued mancial Affairs and any attachments, are false statement, concealing property, \$250,000, or imprisonment for up to 20 | nd I declare under penalty of perjury to or obtaining money or property by fra | ide all financial | | | | | | |
| 28. With instance of the control of | hin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. Crasso, Jr. rasso, Jr. re of Debtor 1 September 10, 2018 | Date Issued Date | nd I declare under penalty of perjury to or obtaining money or property by fra | nde all financial | | | | | | |
| 28. With instance of the control of | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. Crasso, Jr. asso, Jr. are of Debtor 1 | Date Issued Date | nd I declare under penalty of perjury to or obtaining money or property by fra | nde all financial | | | | | | |
| 28. With instance of the control of | hin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. Crasso, Jr. rasso, Jr. re of Debtor 1 September 10, 2018 | Date Issued Date | nd I declare under penalty of perjury to or obtaining money or property by fra | nde all financial | | | | | | |
| 28. With instance of the control of | hin 2 years before you filed for bankrup itutions, creditors, or other parties. No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code) Sign Below ad the answers on this Statement of File and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. Crasso, Jr. rasso, Jr. re of Debtor 1 September 10, 2018 | Date Issued Date | to anyone about your business? Included I declare under penalty of perjury the or obtaining money or property by fraction of the property by fraction of the property by fraction of the property by fractions of the prope | nde all financial | | | | | | |

| | | | | · · | |
|------------------------|--|--------------------------------|--------------------------------|---|------|
| Fill in this infor | mation to identify yo | our case: | | | |
| Debtor 1 | Carl Crasso, J | r. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Nicole Nannet | e Crasso | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for th | e: MIDDLE DISTRICT OF | FLORIDA | | |
| Case number (if known) | | | | ☐ Check if this is at amended filing | n |
| Official Fo | | ion for Individı | uals Filing Unde | er Chapter 7 | 2/15 |
| | lividual filing under o | chapter 7, you must fill out t | his form if: | | |
| You must file th | is form with the cou ever is earlier, unles | | ile your bankruptcy petition o | or by the date set for the meeting of creditored to the creditors and lessors you | |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|---|---|
| Creditor's Ocwen Loan Servicing LLC name: | ☐ Surrender the property. | ■ No |
| Description of 6340 Arbor Avenue Port Saint | Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property John, FL 32927 Brevard County securing debt: | Retain the property and [explain]: retain property | |
| Creditor's The Bank of New York Mellon | ☐ Surrender the property. | ■ No |
| name: | Retain the property and redeem it. | — NO |
| Description of 6340 Arbor Avenue Port Saint | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property John, FL 32927 Brevard County securing debt: | Retain the property and [explain]: retain property | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Case 6:18-bk-05528-KSJ Doc 1 Filed 09/10/18 Page 41 of 50

| Debtor 1 Carl Crasso, Jr. Debtor 2 Nicole Nannete Crasso | Case number (if known) |
|--|--|
| Lessor's name: | П.: |
| Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Carl Crasso, Jr. | X /s/ Nicole Nannete Crasso |
| Carl Crasso, Jr. Signature of Debtor 1 | Nicole Nannete Crasso Signature of Debtor 2 |
| Date September 10, 2018 | Date September 10, 2018 |

| Fill in this info | mation to identify your case: | | | Ob | | | | this form and | :. - |
|--|--|---|--|------------------------------|----------------------|--|---------------------------|------------------------------------|---|
| Debtor 1 | • | | | | eck one 2A-1Su | e box only as d pp: | irected ir | this form and | in Form |
| | Carl Crasso, Jr. | | | | _ | | | | |
| Debtor 2 (Spouse, if filing) | Nicole Nannete Crasso | | | | 1. TI | nere is no pres | umption | of abuse | |
| United States | Bankruptcy Court for the: Middle Distric | ct of Flo | rida | | а | ne calculation to pplies will be made alculation (Office) | nade und | ler <i>Chapter 7</i> N | nption of abuse Means Test |
| Case number (if known) | | | | [| ⊐ 3. TI | ne Means Test ualified military | does no | t apply now be | |
| | | | | | | eck if this is a | | | , |
| Official F | orm 122A - 1 | | | | | | | 3 | |
| | 7 Statement of Your (| Curr | ent Month | ly Inc | omo | 9 | | | 12/1 |
| attach a separat case number (if qualifying milita | and accurate as possible. If two married pe e sheet to this form. Include the line numbe known). If you believe that you are exempte ry service, complete and file Statement of E alculate Your Current Monthly Income | er to whi ed from a Exemption | ch the additional inf a presumption of ab | ormation a | pplies. se you | On the top of aid on the top of aid on the top of the t | ny additio narily cor | nal pages, write sumer debts or | e your name and because of |
| | your marital and filing status? Check o | | | | | | | | |
| | narried. Fill out Column A, lines 2-11. | TIC OTTIV | • | | | | | | |
| _ | ed and your spouse is filing with you. | Fill out l | ooth Columns A an | d B. lines | 2-11. | | | | |
| _ | ed and your spouse is NOT filing with | | | , | | | | | |
| _ | ing in the same household and are no | - | | | umns / | A and B, lines 2 | 2-11. | | |
| pe | ing separately or are legally separated nalty of perjury that you and your spouse ng apart for reasons that do not include e | are leg | ally separated unde | er nonban | kruptcy | law that applie | es or that | | |
| 101(10A). Fo the 6 months | erage monthly income that you received frog r example, if you are filing on September 15, the , add the income for all 6 months and divide the the same rental property, put the income from | ne 6-mon e total by | th period would be Mar 6. Fill in the result. D | arch 1 throu o not includ | igh Aug le any ir | ust 31. If the amo | ount of you ore than o | ur monthly incomence. For example | e varied during e, if both |
| · | | | · | | Colum Debto | | Colum Debton | | |
| | ess wages, salary, tips, bonuses, overt | ime, an | d commissions (b | efore all | \$ | 0.00 | \$ | 0.00 | |
| | and maintenance payments. Do not in- | clude pa | ayments from a spo | use if | · — | | ` <u> </u> | | |
| | 3 is filled in. | | | | \$ | 0.00 | \$ | 0.00 | |
| of you or from an u and room | Ints from any source which are regula r your dependents, including child sup Inmarried partner, members of your hous Inmates. Include regular contributions fron Oo not include payments you listed on line | oport. Ir sehold, y n a spou | nclude regular contr our dependents, p | ributions arents, | \$ | 0.00 | \$ | 0.00 | |
| 5. Net inco | me from operating a business, profess | sion, or | | | | | | | |
| 0 | and the floor all desired and | \$ | Debtor 1 4,177.16 | | | | | | |
| | ceipts (before all deductions) and necessary operating expenses | -\$ — | 1,514.22 | _ | | | | | |
| Net mont | hly income from a business, n, or farm | \$ | 2,662.94 | Сору | \$ | 2,662.94 | \$ | 0.00 | |
| 6. Net inco | me from rental and other real property | , | | | | | | | |
| _ | | | Debtor 1 | | | | | | |
| | ceipts (before all deductions) | | \$ <u>0.00</u> -\$ <u>0.00</u> | | | | | | |
| • | and necessary operating expenses hly income from rental or other real prope | | -5 | y here -> | \$ | 0.00 | \$ | 0.00 | |
| | dividends, and royalties | Ji Ly | ψ <u> </u> | , | \$ | 0.00 | \$ | 0.00 | |
| i. interest, | uiviuciius, aiiu royallies | | | | · | | | | |

Official Form 122A-1

| | Carl Crasso, Jr. Nicole Nannete Crasso | | | | Case numb | er (<i>if known</i>) | | | |
|------------------|---|--------------------------------------|--|---------------|-------------------|------------------------|--------------------------------|-----------|-----------|
| | | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | - | |
| 8. Unem | ployment compensation | | | | \$ | 0.00 | \$ | 0.00 | |
| Do no the So | ot enter the amount if you contend ocial Security Act. Instead, list it he | that the amount ere: | received was a ber | efit unde | er | | | | |
| | · you | | | 0.00 | | | | | |
| For | your spouse | \$ | | 0.00 | | | | | |
| 9. Pensi | ion or retirement income. Do not it under the Social Security Act. | | ount received that v | vas a | \$ | 0.00 | \$ | 0.00 | |
| Do no receiv | ne from all other sources not lis t include any benefits received un red as a victim of a war crime, a cr stic terrorism. If necessary, list oth relow. | der the Social Se ime against hum | ecurity Act or paym anity, or internatior | ents al or | | | | | |
| | · | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate p | ages, if any. | | | . \$ | 0.00 | \$ | 0.00 | |
| | late your total current monthly column. Then add the total for Col | | | \$ | 2,662.94 | + - | 0.00 | = \$_ | 2,662.94 |
| | Determine Whether the Means | ne for the year. | Follow these steps: | | | | | | |
| 12a. C | Copy your total current monthly inc | come from line 1 | 1 | | Col | py line 11 | here=> | \$ | 2,662.94 |
| N | Multiply by 12 (the number of mon | ths in a year) | | | | | | X | 12 |
| 12b. T | The result is your annual income for | or this part of the | form | | | | 12b | o. \$ | 31,955.28 |
| 13. Calcu | late the median family income t | hat applies to y | ou. Follow these st | eps: | | | | | |
| Fill in | the state in which you live. | | FL | | | | | | |
| Fill in | the number of people in your hous | sehold. | 3 | | | | | | |
| To fine | the median family income for your d a list of applicable median incom s form. This list may also be availa | ne amounts, go o | online using the link | specified | d in the sepa | rate instruc | . 13. ctions | \$ | 62,912.00 |
| 14. How (| do the lines compare? | | | | | | | | |
| 14a. | Line 12b is less than or equipment Go to Part 3. | ual to line 13. Or | the top of page 1, | check bo | ox 1, There is | no presur | nption of abus | e. | |
| 14b. | ☐ Line 12b is more than line Go to Part 3 and fill out For | | page 1, check box | 2, The p | oresumption (| of abuse is | determined b | y Form 1 | 22A-2. |
| art 3: | Sign Below | | | | | | | | |
| E | By signing here, I declare under pe | enalty of perjury | hat the information | on this s | statement and | d in any att | achments is to | rue and o | correct. |
| Y | /s/ Carl Crasso, Jr. | | Y | /s/ Nic | ole Nanne | te Crasso |) | | |
| ^ | Carl Crasso, Jr. Signature of Debtor 1 | | ^ | Nicole | Nannete (| Crasso | - | | |
| Date | September 10, 2018 MM / DD / YYYY | | Date | Septe | mber 10, 20 | | | | |
| lí | f you checked line 14a, do NOT fil | I out or file Form | 122A-2. | | | | | | |
| It. | f you checked line 14b, fill out For | m 122A-2 and fil | e it with this form | | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

| In re | Carl Crasso, Jr. Nicole Nannete Crasso | | Case No. | |
|--------|---|---|----------|---------------------|
| | | Debtor(s) | Chapter | 7 |
| Γhe ab | | TICATION OF CREDITOR t the attached list of creditors is true and co | | of their knowledge. |
| Date: | September 10, 2018 | /s/ Carl Crasso, Jr. | | |
| | | Signature of Debtor | | |
| | | Signature of Debtor | | |
| Date: | September 10, 2018 | /s/ Nicole Nannete Crasso | | |
| | | Nicole Nannete Crasso | | |

Signature of Debtor

Carl Crasso, Jr. 6340 Arbor Avenue Port Saint John, FL 32927 IRS PO Box 7346 Philadelphia, PA 19101-7346

Nicole Nannete Crasso 6340 Arbor Avenue Port Saint John, FL 32927 Nationwide Credit PO Box 14581 Des Moines, IA 50306

Hurley Partin Whitaker WHITAKER LAW, P.A. 700 N. Wickham Road Suite 205 Melbourne, FL 32935 Ocwen Loan Servicing LLC PO Box 24738 FL 33341-6000

Seminole Foundation Trust c/o Anthony Sciacca 1630 Phyllis Drive Melbourne, FL 32935 Portfolio Recovery Assoc 120 Corporate Blvd Norfolk, VA 23502

Anthony Sciacca 1630 Phyllis Drive Merritt Island, FL 32952 The Bank of New York Mellon c/o Aldridge Pite LLP 1615 South Congress Ave #200 Delray Beach, FL 33445

Asset Acceptance LLC Bank of America PO Box 2036 Warren, MI 48090 Wells Fargo Dealer Svc 8875 Hidden River Pkwy #500 Tampa, FL 33637

Capital One Bank USA NA c/o RAS LaVrar LLC 1133 University Dr. 2nd Flr Fort Lauderdale, FL 33324

First National Collection LVNV Funding/Citibank 610 Waltham Way Sparks, NV 89434

IC Systems
Parrish Medical Center
PO Box 64378
Saint Paul, MN 55164

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

| In re | Carl Crasso, Jr. Nicole Nannete Crasso | | Case No. | |
|-------|---|--|--|--|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COM | PENSATION OF ATTOR | NEY FOR DE | CBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contempla | e filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | | | | 1,000.00 |
| | Prior to the filing of this statement I have received | ived | \$ | 1,000.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed | compensation with any other person u | inless they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comcopy of the agreement, together with a list of the | | | |
| 5. | In return for the above-disclosed fee, I have agreed | to render legal service for all aspects | of the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and b. Representation of the debtor at the meeting of c. c. Representation of the debtor in adversary proceed d. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applied 522(f)(2)(A) for avoidance of liens of | reditors and confirmation hearing, and edings and other contested bankruptcy s to reduce to market value; exec cations as needed; preparation | d any adjourned hear y matters; mption planning; | rings thereof; preparation and filing of |
| 6. | By agreement with the debtor(s), the above-disclose Representation of the debtors in an any other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement bankruptcy proceeding. | of any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| 5 | September 10, 2018 | /s/ Hurley Partin V | /hitaker | |
| 1 | Date | Hurley Partin White Signature of Attorney | | |
| | | WHITAKER LAW, | | |
| | | 700 N. Wickham R | oad | |
| | | Suite 205 Melbourne, FL 329 | 935 | |
| | | 321-254-3399 Fax | c: 321-254-9684 | |
| | | hpw@whitakerlaw Name of law firm | r.com | |
| | | ivame oj taw jirm | | |